

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)

**FY 2005**

PP000338.0105 (2300-0338.02)

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Application Number: 10/611,398

Filed: June 30, 2003

For IMMUNOGENIC DETOXIFIED MUTANTS OF CHOLERA TOXIN

Art Unit: 1645

Examiner: J. Graser

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check including the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1648.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,411

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_



Signature

October 27, 2008

Date

Dahna S. Pasternak

Typed or printed name

(650) 493-3400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.